

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P040 00096849

1. Corporation Name

Juvily's Trucking Inc

2. Principal Office Address - No P.O. Box #

360 Wilson Blvd N

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34120 Collier

Country

3. Mailing Office Address

360 Wilson Blvd N

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34120 Collier

Country

7. Name and Address of Current Registered Agent

Name

Marina F Guzman

Street Address (P.O. Box Number is Not Acceptable)

360 Wilson Blvd N

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 25 2004

5. FEI Number

73-1711187

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

FILED

07 FEB 13 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E081 (1/07)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
owner	Marina Guzman	360 Wilson Blvd N	Naples FL 34120
D	Julio C Sanchez	360 Wilson Blvd N	Naples FL 34120
D	Ramon Guzman	4209 21st Ave Apt 602	Naples FL 34114

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marina F Guzman

Date

02/12/07

Daytime Phone #

239-354-3449